## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90104 017 \*\*\*\*61.25

DOCI	JMEN	IT # N	100759	Ì
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1. Entity Name

Principal Place of Business

WELLINGTON TERRACE HOMEOWNER'S ASSOCIATION, INC.



190 N. WESTMONTE DR
STE 100
ALTAMONTE SPRINGS, FL 32714 US

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Zip

Country

190 N. WESTMONTE DR
STE 100
ALTAMONTE SPRINGS, FL 32714 US

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Country

Mailing Address

40056900

Suite, Apt. #, etc. S		Suite	uite, Apt. #, etc.			03242006	Chg-NP	CR2E	037 (11/05)				
City & State C		City	City & State			4. FEI Number 59-238				pplied For ot Applicable			
Zip		Country	Zip	Zip Country			5. Certificate	of Status Desired		\$8.75 Ad	ditional		
	6. Name	and Address of Current	Registered	Agent		7. Name and Address of New Registered Agent							
CAMPBELL, MARILYN C 190 N WESTMONTE DR STE 100						Name Street Address (P.O. Box Number is Not Acceptable)							
ALTAMON	ITE SPRIN	NGS, FL 32714			ł				· ··				
						City			·	F	Zip Cod	je	
	named entitions of regist	y submits this statement for tered agent.	or the purpor	se of changing its	registere	d office o	r registere	ed agent, or bo	th, in the State of I	Florida. I an	n familiar with	, and accept	
	J	·											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
			9. Election Carr Trust Fund C	, –	•		\$5.00 May E Added to Fees	~		ck payable artment of S			
10.		OFFICERS AND DI	RECTORS	/	11.		A	DDITIONS/CH	ANGES TO OFFIC	ERS AND E	DIRECTORS I	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THOMAS RBYSHIRE RD D, FL 32751		Delete			D OLD 1300 Mai	ford, 1 o Weill +land	Harry ington -	Terr 751	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1245 WEI	GA, KATHLEEN LLINGTON TER D, FL 32751		☐ Delete	<b>D</b>		1245	T/O aluga, wellin Hand	Kathler	en err	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IE, RAE LLINGTON TERRACE D, FL 32751		☐ Delete			Tro	um, m			☐ Change	Addition	
TITLE NAME STREET ADDRESS CETY-ST-ZIP	1221 WEI	O, ROBERT LLINGTON TERRACE D, FL 32751		Delete			P. 0	mans, Box 9 tland,		2794	□ Change	<b>∃</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1848 MILI	M, SUSAN ES CT D, FL 32751		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1845 MILI	N, STEVEN ES CT D, FL 32751		☐ Defete			PD Wale 184 Mg	esch is mile itland	steven s Ct , FL 32	97J7	Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 740-5002 #220